

**THE AMERICAN FOREIGN SERVICE
PROTECTIVE ASSOCIATION, INC.**

WASHINGTON 25, D. C.

or

**1908 G STREET, N. W.
WASHINGTON 6, D. C.**

TO ALL FOREIGN SERVICE AND STAFF
OFFICERS AND PERMANENT AMERICAN
EMPLOYEES OF THE FOREIGN SERVICE:

Since March 1, 1929, the American Foreign Service Protective Association, which is sponsored by the American Foreign Service Association, has had in effect a plan of Group Insurance covering the permanent American personnel of the Foreign Service. The original plan from time to time over the years has been expanded until today it offers one of the most comprehensive low-cost welfare plans provided by any voluntary association of employees.

The new plan provides Group Life Insurance, Group Accidental Death and Dismemberment insurance, Group Hospital and Surgical Benefits insurance, In-Hospital Medical Expense insurance, and Out-Patient X-Ray and Laboratory Services for MEMBERS WHILE IN THE UNITED STATES for any reason whatsoever. In addition, a MEMBER may cover his DEPENDENTS for the HOSPITAL-SURGICAL, IN-HOSPITAL MEDICAL EXPENSE COVERAGE, and OUT-PATIENT X-RAY AND LABORATORY SERVICES insurance, as well as BLANKET MEDICAL EXPENSE BENEFITS, whether such DEPENDENTS are in the United States or abroad. Additional amounts of Accidental Death and Dismemberment are available at a modest rate. Complete details are given in the following pages.

The Group Life Insurance is underwritten by The Equitable Life Assurance Society of the United States, one of America's largest and oldest mutual companies, and the originator of Group protection; Hospital and Surgical Expense and allied coverages for MEMBERS while in the United States and for DEPENDENTS while at home or abroad is underwritten by the Mutual Benefit Health & Accident Association; and the Acci-

dental Death and Dismemberment Insurance by the Indemnity Insurance Company of North America. .

On the following pages of this pamphlet the insurance plan is explained in detail. You may subscribe only for the exact amount for which you are eligible. This offer is available to you only because of the good loss record, the sound condition with respect to its reserve, and economical administration of the Association.

The Association is a non-profit corporation operated for the sole benefit of its members. Membership in the Association is governed by its By-Laws. The rules of the Association may be amended from time to time by action of the Board of Directors and the applicant agrees to abide by the rules.

This pamphlet includes many new benefits, without increased premiums for members, to be effective with the insurance year beginning March 1, 1955. These new benefits relate to hospital-surgical coverage, accidental death and dismemberment insurance, and group life insurance after age 65. Your Board of Directors, of course, must reserve the right to adjust benefits and premium rates to the financial condition of the Protective Association. However, it has not been necessary so far to withdraw any of the additional benefits that have been made available to members during the life of the Protective Association.

We feel this insurance plan is worthy of your careful consideration and we will welcome you to membership in our Association. After you have read this pamphlet carefully, which gives full details of the benefits and how to apply for membership, we feel there are so many advantages that you will wish to apply immediately.

Sincerely yours,

RAYMOND A. HARE
President

ROBERT NEWBIGIN
Vice President

PETER HOOPER, JR.
Secretary-Treasurer

THE ADVANTAGES OF MEMBERSHIP
IN THE ASSOCIATION:

1. You will protect your family with Group Life Insurance in amounts from \$5,600 to \$15,000 depending on your salary class.
2. In event of Accidental Death, additional amounts equal to the amount of Group Life Insurance are payable to your family. In event of Dismemberment, benefits in accordance with the terms of the policy are payable to yourself. Additional amounts of Accidental Death and Dismemberment Insurance up to a maximum of \$10,000 may be purchased at low rates. See Page 12.
3. You are automatically covered for Group Hospitalization and Surgical Benefits Insurance, In-Hospital Medical Expense, and Out-Patient X-Ray and Laboratory Services insurance while in the United States whether on assignment, leave of absence, or any reason whatsoever. (See Page 12 for the benefits.)
4. You have the privilege of insuring your DEPENDENTS for Group Hospitalization and Surgical Benefits Insurance, In-Hospital Medical Expense, and Out-Patient X-Ray and Laboratory Services insurance, as well as BLANKET MEDICAL EXPENSE BENEFITS AND CLAIMS WILL BE HONORED REGARDLESS OF WHETHER THEY ARE INCURRED IN THE UNITED STATES OR ANY PLACE ABROAD.
5. You may continue in the Group Life Insurance plan after age 65 for reduced amounts at higher rates. The Hospital and Surgical Benefits, In-Hospital Medical Expense, and Out-Patient X-Ray and Laboratory Services insurance may also be retained for yourself and family at increased rates.

HOW CAN I JOIN THE ASSOCIATION?

See Page 18 for complete instruction.

ELIGIBILITY: All Officers, except Reserve Officers, and permanent American employees of the Foreign Service are eligible for membership. This means that applications can be received only from those who are on the permanent payroll of the Foreign Service of the Department of State.

Membership in the Association is limited to employees of American nationality. All members will be eligible for insurance upon entering the Association, and as long as they serve actively in the occupations stated above they may continue membership in the Association and thereby continue their insurance protection under the plan. Furthermore, if any member leaves the Foreign Service to retire on an immediate annuity or to accept immediate employment in the Department of State or some other branch of the United States Government, exclusive of the Armed Forces, he is eligible to continue his insurance under the Group Plan.

If you retire on pension prior to age 65 you may continue your membership in the Association and retain the full amount of your Group Life, Accidental Death and Dismemberment Insurance and Hospital-Surgical and allied coverages for yourself and your dependents until age 65. If your membership in the Association prior to age 65 was for a period of less than ten years all coverage ceases. If your membership in the Association prior to age 65 was for a period of ten or more years you may continue a reduced amount of Group Life Insurance, and Hospital-Surgical insurance, In-Hospital Medical Expense, Out-Patient X-ray and Laboratory Services insurance for yourself and your dependents, excluding Major Medical for your dependents, at increased rates.

NO MEDICAL EXAMINATION: A medical examination is not required if you subscribe for the insurance within sixty days after appointment in the categories referred to under "ELIGIBILITY." After such period you can enter the plan only by submitting a non-medical questionnaire satisfactory to the insurance companies or a report of a medical examination equally satisfactory. The Declaration of Health form which is a part of this pamphlet is acceptable, when properly executed, in lieu of a medical examination.

PLAN OF INSURANCE:

MEMBERS:

Group Life Insurance

Group Accidental Death and Dismemberment

Group Hospital and Surgical Benefits while in the
United States

In-Hospital Medical Expense, Out-Patient X-ray
and Laboratory Services Reimbursements while
in the United States

DEPENDENTS:

Group Hospital and Surgical Benefits, In-Hospital
Medical Expense, and Out-Patient X-ray and
Laboratory Services reimbursement, and BLANKET
MEDICAL EXPENSE BENEFITS REGARDLESS OF LOCATION

THE COST: Depends upon your age and amount of
basic salary and whether or not you wish to include
your dependents. (See next three pages.)

■

PLANS OF LIFE AND HOSPITALIZATION INSURANCE:

MEMBER NOT PROVIDING HOSPITAL-SURGICAL COVERAGE FOR DEPENDENTS

<u>Basic Annual Salary</u>	<u>Group Life</u>	<u>Accidental Death and Dismember- ment</u>	<u>Total Insurance*</u>		<u>Annual Premium</u>	<u>Quarterly Premium</u>	<u>Monthly Premium</u>	<u>Bi-Weekly Premium</u>
CLASS I								
Up to \$3,600	\$ 5,600	\$ 5,600	\$11,200	Up to age 41	\$ 30.00	\$ 7.50	\$ 2.50	\$ 1.16
				Age 41 to 51	37.50	9.38	3.13	1.45
				51 and over	45.00	11.25	3.75	1.74
CLASS II								
\$3,600 to \$4,799	9,800	9,800	19,600	Up to age 41	65.00	16.25	5.42	2.50
				Age 41 to 51	81.25	20.32	6.78	3.13
				51 and over	97.50	24.38	8.13	3.75
CLASS III								
\$4,800 and over	15,000	15,000	30,000	Up to age 41	100.00	25.00	8.34	3.85
				Age 41 to 51	125.00	31.25	10.42	4.81
				51 and over	150.00	37.50	12.50	5.77

*In the event of accidental death.

MEMBER PROVIDING HOSPITAL-SURGICAL COVERAGE FOR WIFE ONLY
OR DEPENDENT CHILDREN WHEN NO SPOUSE*

Basic Annual Salary	Group Life	Accidental Death and Dismember- ment	Total Insurance**		Annual Premium	Quarterly Premium	Monthly Premium	Bi-Weekly Premium	Total Bi-Weekly Premium if Blanket Medical Expense also pro- vided for Dependents
CLASS I									
Up to \$3,600	\$ 5,600	\$ 5,600	\$11,200	Up to age 41	\$ 72.00	\$18.00	\$ 6.00	\$ 2.77	\$ 4.02
				Age 41 to 51	79.50	19.88	6.63	3.06	4.31
				51 and over	87.00	21.75	7.25	3.35	4.60
CLASS II									
\$3,600 to \$4,799	9,800	9,800	19,600	Up to age 41	107.00	26.75	8.92	4.12	5.37
				Age 41 to 51	123.25	30.82	10.28	4.75	6.00
				51 and over	139.50	34.88	11.63	5.37	6.62
CLASS III									
\$4,800 and over	15,000	15,000	30,000	Up to age 41	142.00	35.50	11.84	5.47	6.72
				Age 41 to 51	167.00	41.75	13.92	6.43	7.68
				51 and over	192.00	48.00	16.00	7.39	8.64

*Members not desiring to carry hospitalization insurance for their dependents will pay the same premiums as members without dependents.
**In the event of accidental death.

**MEMBER PROVIDING HOSPITAL-SURGICAL COVERAGE FOR WIFE
AND ONE OR MORE DEPENDENT CHILDREN***

<u>Basic Annual Salary</u>	<u>Group Life</u>	<u>Accidental Death and Dismember- ment</u>	<u>Total Insurance**</u>		<u>Annual Premium</u>	<u>Quarterly Premium</u>	<u>Monthly Premium</u>	<u>Bi-Weekly Premium</u>	<u>Total Bi-Weekly Premium if Blanket Medical Expense also pro- vided for Dependents</u>
CLASS I									
Up to \$3,600	\$ 5,600	\$ 5,600	\$11,200	Up to age 41	\$ 92.00	\$23.00	\$ 7.67	\$ 3.54	\$ 4.79
				Age 41 to 51	99.50	24.88	8.30	3.83	5.08
				51 and over	107.00	26.75	8.92	4.12	5.37
CLASS II									
\$3,600 to \$4,799	9,800	9,800	19,600	Up to age 41	127.00	31.75	10.59	4.89	6.14
				Age 41 to 51	143.25	35.82	11.94	5.51	6.76
				51 and over	159.50	39.88	13.30	6.14	7.39
CLASS III									
\$4,800 and over	15,000	15,000	30,000	Up to age 41	162.00	40.50	13.50	6.24	7.49
				Age 41 to 51	187.00	46.75	15.59	7.20	8.45
				51 and over	212.00	53.00	17.67	8.16	9.41

*Members not desiring to carry hospitalization insurance for their dependents will pay the same premiums as members without dependents.
**In the event of accidental death.

YOU MAY SUBSCRIBE ONLY FOR THE EXACT AMOUNT FOR WHICH YOU ARE ELIGIBLE:

Members are eligible for amounts of insurance corresponding to their ages and salaries in accordance with the tables printed on the preceding pages. Premiums are changed automatically when a member moves from one age group to another. Increases in the amount of insurance to which a member is entitled because of increase in salary cannot be made automatically since it is impracticable for the Department of State to inform the Association of changes in salaries.

Increases in the amount of insurance due to changes in salary classification will be made **ONLY UPON THE WRITTEN APPLICATION OF MEMBERS**. You should notify the Association immediately of the date and amount of salary changes if you want the corresponding increase in your insurance. Otherwise you will be covered only for the amount on which you pay premiums. Increases in the amount of insurance will become effective the first of the month following the date of application, provided the member is actively at work; if not actively at work, the increase will become effective upon return to active service. Active service is defined as not being absent because of sickness, accident or leave of absence without pay.

There will be no change in the amount of insurance due to salary increases after a member becomes 61 years of age.

Members also should write to the Association when resigning from the Foreign Service and give the effective date of resignation. If an allotment or premium payment is not received, the Association has no way of knowing if the member wishes to cancel his insurance or if non-payment is due to an oversight or transfer.

EFFECTIVE DATE: The Group Life and Accidental Death and Dismemberment Insurance becomes effective from the date of application, provided the insurance companies accept the application and non-medical questionnaire or physical examination, and the payment of at least a quarterly premium. If an allotment is to be made it should start three months following the date of application and payment of a quarterly premium. A member who has subscribed for this insurance but

is not actively at work on the effective date will become insured on his return to active service.

PREMIUM PAYMENTS: Premiums may be paid annually, semiannually and quarterly or bi-weekly through salary allotment by Department of State Form No. 1122. It simplifies administrative procedure if payments are made annually, semiannually or quarterly.

On Form No. 1122, following the words "payable to," should be typed—"American Foreign Service Protective Association"; following the words "First payment," there should be inserted "....."

(Month)
....."; following the word "Address," write (Year)
"Department of State"; and the space following the word "Expires," should be left blank.

The person making the allotment should, in the case of a transfer, be sure the Accountable Officer transmits to the new office of assignment Form No. 1122. It is not necessary to send the Department of State a new Form No. 1122 when being transferred.

INDIVIDUAL CERTIFICATES: In accordance with the terms of the policy between the Association and the Insurance Companies, individual insurance certificates for Life and Accidental Death and Dismemberment policies for members and Hospital and Surgical Benefits for DEPENDENTS evidencing the insurance will be issued to members insured under the plan. These will give the name of the insured, the beneficiary, and the amount of insurance. No certificates will be issued for Hospital and Surgical Benefit Insurance for MEMBERS while in the United States.

LIFE INSURANCE: In the event of your death from any cause whatsoever, while you are insured under this policy, the full amount of Life Insurance is payable in one lump sum, or in installments if desired, to the person you have named as your beneficiary. You may change your beneficiary at any time by making out a request form and having it submitted to the insurance company. Although your Life Insurance automatically terminates upon termination of membership, you nevertheless will be entitled to have issued to you, without medical examination, provided you make application to the Equitable within thirty-one days after termination of membership, a policy of Life Insurance in any one of the forms customarily issued by the Equitable (as ex-

plained in your certificate), in an amount equal to—or, at your discretion, less than—the amount of your protection under the Group Life policy, but not less than \$500, upon the payment by you of the premium applicable to the class of risk to which you belong and to your age at the time of conversion.

INSURANCE AFTER RETIREMENT: Members attaining age 65 or the termination of active service whichever is the later, may continue membership in the Association and retain the following amounts of Group Life Insurance:

Class I	Members insured at retirement for \$5,600 and less eligible for	\$1,500.00
Class II	Members insured from \$5,601 to \$9,800	\$2,250.00
Class III	Members insured for \$9,801 and over eligible for	\$3,000.00

This privilege is limited to those members having continuous membership for a minimum period of ten years prior to age 65 and the contributions will be \$30 per year per thousand payable annually in advance to the Association.

See PART II for HOSPITAL-SURGICAL benefits after age 65.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE: Benefits become payable in case of loss of life, sight, hands or feet as a direct result of accidental injuries under conditions described in the Certificate of Insurance. These benefits are additional to any others which may be payable under the other forms of insurance included in the plan. The proceeds of Accidental Death indemnity are payable to the beneficiary in one lump sum and cannot be distributed in installments.

Death or injuries sustained while riding as a passenger in an airplane operated by an established concern organized to operate an airplane service and licensed for the carriage of passengers by the recognized governmental authority of the country whose registry it bears, including aircraft operated by military air transport services of such country and aircraft operated for trans-

port service by a department of the United States Government, are covered by this policy.

Additional amounts of Accidental Death and Dismemberment Insurance up to a maximum of \$10,000 may be purchased at the rate of \$2 per thousand per year.

PART II

HOSPITAL AND SURGICAL BENEFITS

FOR MEMBERS

While in the United States, the Plan pays the benefits described below when members personally incur hospital and surgical expenses. If such expenses are paid by the Government, no claim may be made under the Protective Association Plan.

The Plan pays for the amount charged by the hospital for board and room up to \$15.00 for each day that you are confined. The maximum period for each hospital confinement is not to exceed seventy days. While each disability carries a seventy-day limit, the number of such periods of disability during one year is not limited.

In addition, reimbursement up to \$300 will be paid for hospital charges for other than room and board or doctors' and nurses' fees. Confinement in a Government Hospital will be reimbursed for the hospital expense actually incurred during the period of hospital confinement, but not to exceed the established daily rate charged by the United States Government for confinement in such a hospital nor to exceed seventy days for any one period of hospital confinement. The total payable during confinement in a government hospital shall not exceed the maximum payment which would have been made had you been confined to a private hospital.

Surgical benefits for any operation will be the fee actually charged by the physician or surgeon up to a maximum benefit of \$300 as shown in the Schedule. If two or more operations are performed during any one period of disability, the total amount payable will be limited to the maximum surgical benefit for which the member is insured.

Benefits for maternity are payable up to the amount shown in the Schedule for hospital confinement for childbirth or miscarriage; the period of hospitalization being limited to 14 days and the miscellaneous charges limited to \$300.00. Maternity benefits (a) are effective

after nine months, if you have been insured for nine previous months, (b) will be extended for nine months after your insurance is terminated, provided you have been insured for the nine previous months.

Should you need medical attention while confined to a hospital in the United States, the Plan allows \$4 per doctor's visit at the hospital for cases not requiring surgery or for maternity, with a maximum allowance of \$280 for each period of hospitalization. These benefits will not be paid for more than the actual charge per visit made by the doctor, nor for more than one call per day, nor for pregnancy, childbirth and resulting complications, nor for dentistry, optometry or preventive inoculations.

The Plan includes coverage of a \$25 unscheduled X-ray and laboratory benefit for diagnosis or treatment when an out-patient; the total reimbursement not to exceed \$25 for any one accident or sickness in any calendar year. This benefit will not be paid (a) for any examination for which benefits are provided under any other part of the policy, (b) for any examination in connection with childbirth, pregnancy or resulting complications, (c) for any eye examination for the purpose of having glasses prescribed, or (d) for any dental examination.

THE FOREGOING BENEFITS PROVIDE A LIBERAL AND VALUABLE FINANCIAL AID TO MEMBERS, THE COST OF WHICH IS BORNE BY THE PROTECTIVE ASSOCIATION. RETIRED MEMBERS, UNDER AGE 65, WHETHER IN THE UNITED STATES OR ABROAD, ALSO ENJOY THESE BENEFITS ON THE SAME BASIS AS ACTIVE MEMBERS.

These benefits also are available to retired members over age 65 at an annual premium of \$53.

Hospital-surgical insurance for members ceases when membership in the Protective Association is terminated, except the certificate may be exchanged within 31 days for an excellent individual policy with reduced benefits.

FOR DEPENDENTS

The term "dependent" includes a wife or husband and each child, including those legally adopted,* during the period such child is over two weeks of age but under

*also includes step-children and foster-children.

nineteen years of age and unmarried, none of whom is insured under this Group Policy as a member of American Foreign Service Protective Association. However, hospital-surgical coverage for dependent children will be continued if they are unmarried and are full time students under 23 years of age.

If you have no dependents when you are insured and later acquire dependents, you should notify the American Foreign Service Protective Association immediately in order that you may apply for dependent hospitalization and surgical coverage for them.

Children born after the certificate is in force are eligible to be added to the group after they are two weeks of age and before they have attained the age of four months. A newly married member must add the dependent wife or husband within the 30-day period after the date of marriage. A member not including his dependents when applying for membership must furnish satisfactory evidence of insurability of the dependents if he includes them later.

Should an insured dependent cease to be eligible for this insurance for one of the following reasons or should an insured dependent become deceased, you should notify the American Foreign Service Protective Association:

1. The dependent wife or husband is divorced or legally separated from the member.
2. The dependent child attains the age of 19 years or is married before the age of 18, or attains the age of 23 if a full time, unmarried student.

THE PLAN PAYS THE BENEFITS DESCRIBED BELOW FOR DEPENDENTS REGARDLESS OF WHERE THEY MAY BE LOCATED—ABROAD OR IN THE UNITED STATES.

Benefits for dependents include hospital room and board; hospital charges for other than room and board or doctors' and nurses' fees; surgical benefits; maternity benefits; doctors' visits at a hospital; and coverage of a \$25 unscheduled X-ray and laboratory benefit for diagnosis or treatment when an out-patient. The benefits and conditions are as explained in detail in the section entitled **FOR MEMBERS**. As concerns maternity benefits, they are payable after nine months, if your wife

has been insured for nine previous months and they will be extended for nine months after termination of insurance, provided your wife has been insured for nine previous months. Members pay the premium fixed by the Protective Association for these benefits for DEPENDENTS. The Protective Association subsidizes a substantial part of the cost.

Retired members under age 65 pay the same premiums for these benefits for DEPENDENTS as are paid by members in active service.

Retired members over age 65 pay an annual premium of \$142 for the benefits FOR THEMSELVES AND THEIR DEPENDENTS.

The following examples illustrate the benefits paid under the various hospital-surgical coverages:

Confinement to a hospital for 15 days, due to an appendectomy:

15 days' hospital at \$15.00 per day.....	\$225.00
Miscellaneous hospital expense up to....	300.00
Surgeon's fee	150.00
Total Benefits	\$675.00

Maternity cases:

14 days' hospital at \$15.00 per day.....	\$210.00
Miscellaneous hospital expense up to....	300.00
Delivery of child or children, including entire accouchement	75.00
Total Benefits	\$585.00

Surgical operations:

Removal of or other operation on gall bladder	\$225.00
Removal of lung or portion of lung....	300.00
Fenestration, one or both sides.....	300.00
Amputation of leg or leg and thigh....	187.50
Operation for detached retina or corneal transplant	300.00
Tonsillectomy or adenoidectomy, or both	45.00
Treatment of fractured leg.....	75.00
Single hernia	150.00
Sinus operation	75.00
Removal of kidney.....	300.00
Caesarean section, including delivery....	150.00

Hospitalization in non-surgical or non-maternity cases—an illness lasting 40 days, for example:

40 days' hospital at \$15.00 per day.....	\$600.00
Miscellaneous hospital expense.....	300.00
One doctor's visit at hospital each day at \$4.00 per visit.....	160.00

Total Benefits\$1,060.00

In addition to the regular hospital-surgical benefits and allied coverages that have been described, members of the Protective Association, EXCEPT RETIRED MEMBERS OVER AGE 65, are given the option of a BLANKET MEDICAL EXPENSE BENEFIT FOR DEPENDENTS. The premium is \$32.40 annually.

After the first \$500 of Medical Expenses have been incurred, the DEPENDENT of a MEMBER will be reimbursed three-fourths of all additional charges up to a maximum of \$5,000 in accordance with the rider attached to the Master Policy. The \$500 deductible has no reference whatsoever to benefits paid under the Hospital and Surgical contract, and therefore in cases of this kind these benefits should in most instances reimburse the first \$500 of expense. The language of the rider is quoted below:

"In consideration of the premium for the Master Policy, it is agreed that if an insured dependent of a Member, because of accidental bodily injuries or sickness, shall necessarily incur charges for treatment (the term 'treatments' as used herein, shall mean medical, surgical, hospital or nursing services, X-ray examinations or treatments, laboratory tests, anesthesia, drugs or medicines, and any other therapeutic services) beginning after the date such dependent becomes insured hereunder, the Association will pay 75% of all such charges as are reasonable and which are incurred while such dependent is insured hereunder; subject, however, to the following provisions:

- "1. No benefits shall be payable for the first \$500 of such charges incurred because of any one accident or because of all sickness resulting from any one cause.
- "2. No benefits shall be payable under this rider for charges incurred for hospital room and board unless those charges exceed the amount payable per day or the maximum

amount payable under the Hospital Room Benefit provision of Part A of the policy to which this rider is attached; nor shall benefits payable under this rider for charges for hospital room and board exceed \$15.00 per day.

"3. No benefits shall be payable under this rider for charges incurred for miscellaneous hospital expense unless those charges exceed the maximum amount payable under the Miscellaneous Hospital Expense Benefits provision of Part A of the policy to which this rider is attached.

"4. The maximum benefit payable for any one accident or for all sickness resulting from any one cause shall not exceed in the aggregate \$5,000.00.

"If the Master Policy is discontinued while a dependent is incurring charges for which benefits would otherwise be payable hereunder, such dependent, subject to all of the conditions hereof, shall be entitled to further benefits for charges incurred during the period immediately following discontinuance of the Master Policy, but only for a period equal to the number of months, not in excess of twelve, that such dependent was insured under the Master Policy.

EXCEPTIONS

"This rider does not cover (a) accidental bodily injuries or sickness for which a dependent is not treated by a legally licensed physician or surgeon, (b) hospitalization or medical care paid for by the United States government or any instrumentality thereof, or (c) any charges incurred for or in the course of maternity confinement or prenatal or post natal care, except that in the case of any complication incident to pregnancy, other than a surgical procedure for delivery of a child or children, benefits will be paid in accordance with this rider, but based only on the amounts and charges in excess of those which would have been incurred in the absence of such complication as determined by the Mutual Benefit Health & Accident Association."

EFFECTIVE DATE: The effective date for the Hospital and Surgical Benefits for DEPENDENTS is the first of the month following date of application and approval by the Mutual Benefit Health & Accident Association.

Hospitalization insurance for both members and dependents ceases when membership in the Protective Association is terminated, except the dependent coverage is continued when the member is in the Armed Forces of the United States. Within 31 days after termination your hospital-surgical benefits certificate may be converted to an excellent individual policy with reduced benefits without evidence of insurability.

HOW CAN I JOIN THE PROTECTIVE ASSOCIATION?

1. Complete the application form on the following page.
2. Complete the Declaration of Health.
3. If hospitalization and surgical coverage for dependents is desired, complete the corresponding application.
4. If the Blanket medical coverage for dependents is desired, complete the corresponding application.
5. If the additional Accidental Death and Dismemberment insurance is desired, complete the corresponding application.
6. Detach and mail all forms to the American Foreign Service Protective Association, c/o Department of State, Washington 25, D. C. (or 1908 G Street, N. W., Washington 6, D. C.).
7. Review the premium tables in the front part of this booklet, the application forms in the back of the booklet, and attach your check for the first quarterly (or annual) premium. If allotment form No. 1122 is used, a quarterly premium should be paid and the bi-weekly allotment executed to begin three months from the date of the application.

In most American Diplomatic and Consular Offices there are officers who are members of the Protective Association. They have in their possession certificates for the insurance they carry, which outline in full all benefits available. It is suggested that these be studied in order to become familiar with the details of the protection offered.

This Group Insurance Program of the Protective Association is one of the most liberal of such plans in the United States. It provides a valuable estate for your dependents in the event of your death. It protects you and your dependents against medical and surgical expenses that might be a serious drain on your finances.

SCHEDULE OF BENEFITS		MEMBERS WHILE IN UNITED STATES	DEPENDENTS - IN THE UNITED STATES OR ABROAD
Hospital			
	Daily Benefit for Room and Board up to	\$ 15.00	\$ 15.00
	Payable up to a maximum of	70 days	70 days
	Miscellaneous Charges up to	\$300.00	\$300.00
Surgeon's Charges			
	In accordance with the Schedule of Surgical Benefits with maximum of	\$300.00	\$300.00
	Outpatient X-ray and Laboratory Expense (Unscheduled)	25.00	25.00
	Medical Expense Benefits, Maximum of	280.00	280.00
19	Pays \$4.00 per call, one call per day, in Hospital		
Maternity			
	Daily Benefit for Room and Board up to	\$ 15.00	\$ 15.00
	Payable up to a maximum of	14 days	14 days
	Miscellaneous charges up to	\$300.00	\$300.00
	Obstetrical Expenses Incurred-Normal Delivery \$75.00		
	Confinement in Government Hospital up to	In accordance with maximum daily charge set by the Government, but in aggregate not more than if confined to a private hospital.	
	Blanket Medical Expense Benefits with maximum of	None	\$5,000.00
	First \$500.00 of medical expense deductible		

**FORM OF APPLICATION FOR MEMBERSHIP
IN THE AMERICAN FOREIGN SERVICE
PROTECTIVE ASSOCIATION**

The American Foreign Service Protective Association,
care the Department of State
Washington 25, D. C.

I hereby make application for membership in the American Foreign Service Protective Association. I understand if admitted to membership I shall be eligible to apply for Group Life Insurance under the Contract issued to the Association by The Equitable Life Assurance Society of the United States and Accidental Death and Dismemberment Insurance under the Contract of the Indemnity Insurance Company of North America, and I may obtain group hospitalization-surgical coverage for myself while in the United States and for my dependents under the contract of the Mutual Benefit Health & Accident Association, and I hereby apply for the amount of insurance for which I am eligible under the Group Life Insurance Plan.

Members of The American Foreign Service Protective Association are not required to pay initiation or membership fees or dues. The sole obligation is the payment of the premiums.

Applicants for membership must complete the reverse of this page.

For purposes of becoming insured I hereby certify that
I am actively at work on the date of this application.

Name in full: _____
(Print)

I was born: _____
(Month, day, year)

Amount of Insurance \$ _____

Basic Annual Salary \$ _____

Occupation: _____

My Beneficiary is: _____
(Mary Smith Jones—not Mrs. John E. Jones)

Beneficiary's Relationship: _____

Beneficiary's Home Address: _____

Note: If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the member; if no such beneficiary survives, payment will be made in accordance with the terms of the policy.

I enclose my check for \$ _____, the first quarterly, semiannual, annual payment. (Make check payable to American Foreign Service Protective Association.)

I am executing and filing with my Disbursing Officer immediately, Department of State Allotment Form

No. 1122 for \$ _____ to provide for bi-weekly deductions from my salary beginning with the pay period _____

Dated at _____ 19____
(Place) (Month, Day)

Name and address of person to whom policies are to be sent:

(Name)

(Address)

(Signature)

DECLARATION OF HEALTH

TO THE EQUITABLE LIFE ASSURANCE SOCIETY
OF THE UNITED STATES I HEREBY CERTIFY
THAT

I am in good health and actively at work. Except as
stated below, I have had no illness, have not consulted
any physician or practitioner, have not been a patient in
any hospital or sanitarium nor have I ever been rejected
for insurance by any Insurance Company since my

employment on _____ 19_____
(Give date of employment)

(Note below any exceptions, including dates and com-
plete details.)

Dated at _____ 19_____

(Signature of
Applicant) _____

Approved:

American Foreign Service
Protective Association.

By _____
Secretary-Treasurer

Dated at Washington, D. C., _____, 19_____

**APPLICATION FOR
HOSPITAL-SURGICAL COVERAGE
FOR DEPENDENTS**

American Foreign Service Protective Association,
Department of State,
Washington 25, D. C.

I hereby apply for hospital-surgical coverage for my
eligible dependents who are:

Name	Relationship	Date of Birth
_____ (Print)	_____	_____ (Month) (Day) (Year)
_____ (Print)	_____	_____ (Month) (Day) (Year)
_____ (Print)	_____	_____ (Month) (Day) (Year)
_____ (Print)	_____	_____ (Month) (Day) (Year)

According to my best knowledge and belief, they
are now in good health.

(Signature)

(Place and Date)

If dependents are not included within 31 days of first
becoming eligible, a doctor's statement of evidence of
good health must be attached to this application before
insurance can become effective.

American Foreign Service Protective Association,
c/o Department of State,
Washington 25, D. C.

I wish to include my dependents in the blanket Hospital and Medical Expense plan set forth in the circular of January 25, 1952 which became effective September 1, 1952, and enclose my check for the

_____ Annual Premium — \$32.40

_____ Semiannual Premium — \$16.20

_____ Quarterly Premium — \$8.10

_____ I am increasing my Bi-weekly allotment by \$1.25.

Those who pay the additional premium by increasing their allotment by \$1.25 should start the new, increased allotment so that the first payment will be received by the Association the first of the month following date of application in order to assure the premium payments being kept current.

Remarks:

(Signature)

Place: _____

Date: _____

APPLICATION FOR
ADDITIONAL ACCIDENTAL DEATH AND
DISMEMBERMENT COVERAGE
UNDER POLICY AB-2915

ISSUED TO
AMERICAN FOREIGN SERVICE
PROTECTIVE ASSOCIATION

Name: _____

Address: _____

Name of Beneficiary: _____

Relationship: _____

Amount of Additional Coverage: _____

My check for \$_____ is attached to pay
the premium for a year.

Dated at _____ this _____

day of _____, 19____.

Signature: _____

(Maximum additional coverage available \$10,000.00)
Premium: \$2 per thousand.